IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|		
Art Unit	: 1642	**Customer No.: 035811**
Examiner	: Karen A. Canella	
Serial No.	: 09/503,089	
Filed	: February 11, 2000	
Inventors	: Amanda J. Patel	
	: Eric Honore	Docket: 1201-CIP3-00
	: Florian LeSage	
	: Georges Romey	
	: Michel Lazduski	Confirmation No.: 6089
	: Michel Fink	
	: Fabrice Duprat	
	: François Maingret	
Title	: METHOD FOR THE	
	: IDENTIFICATION OF	
	: ANESTHETICS	
		Date: May 12, 2005

AMENDMENT

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Official Action mailed August 13, 2004 included a final rejection of the claims. On February 11, 2005, the Applicants filed a Notice of Appeal. In lieu of filing an Appeal Brief the Applicants hereby respond to the Official Action as follows.
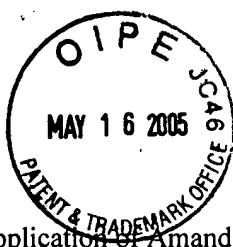
In re Application of Amanda J. Patel et al.

Serial No.:   09/503,089

Filed: February 11, 2000

For: METHOD FOR THE IDENTIFICATION OF ANESTHETICS

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

_   Small entity status of this application under 37 CFR §1.9 and §1.27 has been
established.

_   A verified statement to establish small entity status under 37 CFR §1.9 and §1.27
is enclosed.

_x_   No additional fee is required.

The fee has been calculated as shown below:

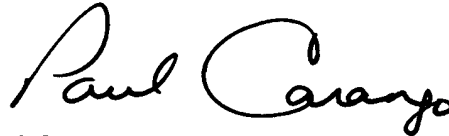|					SMALL ENTITY			OTHER THAN SMALL ENTITY	
	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PRE-VIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL	* 10	-	** 20=	0	x 25 =	$		x50 =	$
INDEP.	* 6	-	** 3=	0	X 100 =	$		x 200 =	$
Application Size Fee						$		x250=	$
First Presentation of Multiple Dependent Claim					+180=	$		+360=	$

TOTAL ADDITIONAL FEE $__0__   OR $_____

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20,
write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___   Please charge my Deposit Account No. 50-2719 in the amount of $_____.
A duplicate copy of this sheet is enclosed.

___   A check in the amount of $_____ is attached.

_x_   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

       _x_   Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

       _x_   Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Paul Carango
Reg. No. 42,386
Attorney for Applicants

PC:SAN:vbm
(215) 656-3320

-2-